

IDAHO REPORTABLE DISEASE LIST

Health care providers, laboratorians, and hospital administrators are required, according to the Rules and Regulations Governing Idaho Reportable Diseases, to report the following confirmed or suspected communicable diseases and conditions to their local health district or state Office of Epidemiology within three (3) working days of identification or suspicion (unless otherwise noted below).

Bacterial Diseases

Anthrax [immediately]
Brucellosis [24 hours]
Botulism: foodborne, infant, other [immediately]
Campylobacteriosis
Chancroid
Chlamydia
Cholera [24 hours]
Diphtheria [immediately]
E. coli O157:H7, other toxigenic non-O157 strains [24 hours]
Gonorrhea (*Neisseria gonorrhoeae*)
Haemophilus influenzae, invasive disease [24 hours]
Legionellosis/Legionnaire's disease
Leprosy
Leptospirosis
Listeriosis
Lyme disease
Neisseria meningitidis, invasive [24 hours]
Pertussis [24 hours]
Plague [immediately]
Psittacosis
Relapsing fever (tick and louse-borne)
Salmonellosis (including typhoid fever) [24 hours]
Shigellosis (all species)
Streptococcus, group A, invasive
Streptococcus pneumoniae (pneumococcus), < 18y
Syphilis
Tetanus
Tuberculosis
Tularemia [24 hours]
Yersiniosis (all species)

Rickettsia and Parasites

Amebiasis
Cryptosporidiosis
Giardiasis
Malaria
Pneumocystis carinii pneumonia (PCP)
Q-fever [24 hours]
Rocky Mountain spotted fever
Trichinosis

Other

Cancer (report to Cancer Data Registry, 338-5100)
Extraordinary occurrence of illness, including syndromic clusters with or without an etiologic agent [24 hours]
Foodborne illness/food poisoning [24 hours]
HUS (hemolytic uremic syndrome) [24 hours]
Lead ≥ 10 ug/dl
Newborn screening abnormal findings: [24 hours]
Biotinidase deficiency
Congenital hypothyroidism
Maple syrup urine disease
Galactosemia
Phenylketonuria
Reye's syndrome
Rheumatic fever
Severe reactions to any immunization [24 hours]
TSS (toxic shock syndrome)
Waterborne illness [24 hours]

Viral Diseases

Encephalitis, viral or aseptic
Hantavirus pulmonary syndrome [24 hours]
Hepatitis A [24 hours]

Hepatitis B [24 hours]
Hepatitis C
HIV/AIDS: positive tests (HIV antibody, HIV antigen & other HIV isolations, CD4 count < 200 cells/mm³ or ≤ 14%)
HTLV (human T-lymphotrophic virus)
Measles (rubeola) [24 hours]
Meningitis, viral or aseptic
Mumps
Myocarditis, viral
Poliomyelitis [24 hours]
Rabies: human [immediately], animal [24 hours]
Rabies post-exposure prophylaxis
Rubella, including congenital rubella syndrome [24 hours]
SARS [24 hours]
Smallpox [immediately]
West Nile virus

REPORTING A CASE

All reports are confidential and must include:

- Disease or condition reported
- Patient's name, age, sex, address (including city and county), phone #
- Physician's name, address, phone #

ROUTINE 3-DAY REPORTS

During normal working hours contact your **local health district**; **after hours** use the automated state Office of Epidemiology 24-hour WATTS reporting line at **1-800-632-5927**. Reports can also be mailed.

24-HOUR REPORTS

During normal working hours contact your **local health district** or the state Office of Epidemiology. After hours use the automated state Office of Epidemiology 24-hour WATTS reporting line at **1-800-632-5927**. If the reporting period falls on a weekend contact the **State Comm Public Health paging system: 1-800-632-8000**

IMMEDIATE REPORTS / EMERGENCY NOTIFICATION

During normal working hours **contact your local health district** or the state Office of Epidemiology. Contact the **State Comm Public Health Paging System** after hours: **1-800-632-8000**

